

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005616	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT GARDEN PLAZA		STREET ADDRESS, CITY, STATE, ZIP CODE 8614 WEST 10TH STREET INDIANAPOLIS, IN 46234		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00096685 and IN00093572.</p> <p>Complaint IN00096685- Substantiated, No deficiencies related to the allegations are cited. Complaint IN00093572- Substantiated, No deficiencies related to the allegations are cited</p> <p>Survey dates: October 12, 2011</p> <p>Facility number: 005616 Provider number: 005616 AIM number: N/A</p> <p>Survey team: Sheryl Roth, RN</p> <p>Census bed type: Residential: 98 Total: 98</p> <p>Census payor type: Other: 98 Total: 98</p> <p>Sample: 3</p> <p>Bridge at Garden Plaza was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaints IN00096685 and IN00093572.</p> <p>Quality review completed on October 19, 2011 by Bev Faulkner, RN</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

EKQ511

If continuation sheet 1 of 1